

*New Business*  
*4.16.2019*

**INTERNAL  
OPERATIONS  
STANDING  
COMMITTEE**



22

Coleman A. Young Municipal Center  
2 Woodward Avenue, Suite 1126  
Detroit, Michigan 48226

Phone 313•224•3400  
Fax 313•224•4128  
www.detroitmi.gov

April 12, 2019

The Honorable Detroit City Council  
Coleman A. Young Municipal Center  
2 Woodward, 13<sup>th</sup> Floor  
Detroit, MI 48226

**Re: Appointment to the Detroit-Wayne County Mental Health Board**

Dear Honorable City Council

It gives me great pleasure to present for your consideration the following person to the Detroit-Wayne County Mental Health Authority Board.

<u>MEMBER</u>	<u>ADDRESS</u>	<u>TERM EXPIRES</u>
Lynne France Carter	19271 Strathcona Dr. Detroit, MI 48203	March 31, 2023

If you have any questions or concerns please contact Elisa Malile, Deputy Chief of Staff, City of Detroit, at (313) 628-2285 or by email at malilee@detroitmi.gov.

Sincerely,

Michael E. Duggan  
Mayor

Enclosure

cc: Alexis Wiley, Chief of Staff, Mayor's Office  
Elisa Malile, Deputy Chief of Staff, Mayor's Office  
Brooke Blackwell, Detroit-Wayne County Mental Health Authority Board

CITY CLERK 2019 APR 12 PM 2:12



Coleman A. Young Municipal Center  
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Detroit, Michigan 48226

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Fax 313•224•4128  
[www.detroitmi.gov](http://www.detroitmi.gov)

April 12, 2019

Lynne France Carter MD, MPH  
19271 Strathcona Dr.  
Detroit, MI 48203

Dear Dr. Carter,

It gives me great pleasure to appoint you to the Detroit-Wayne County Mental Health Authority Board. Your term begins immediately and expires on March 31, 2023.

An authorized agent from the Detroit-Wayne County Mental Health Authority Board, will contact you to provide meeting schedules and other pertinent board and membership information.

Thank you in advance for serving the citizens of Detroit. I look forward to working with you.

Should you have any questions or need additional information, please contact Elisa Malile at (313) 628- 2285.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael E. Duggan'.

Michael E. Duggan,  
Mayor

cc: Alexis Wiley, Chief of Staff, Mayor's Office  
Elisa Malile, Deputy Chief of Staff, Mayor's Office  
Brooke Blackwell, Detroit-Wayne County Mental Health Authority Board

## Lynne Frances Carter MD, MPH

### **Current Address:**

19271 Strathcona Drive  
Detroit, MI 48203  
[Lcarter2@bcbsm.com](mailto:Lcarter2@bcbsm.com)  
(O): 313 448-6277  
(M): 313 608-0209

Board Certified in Internal Medicine (1997-Present)  
Licensed Physician in the state of Michigan

### **RECENT WORK AND EXPERIENCE**

Blue Cross Blue Shield of Michigan: Associate Medical Director 2011-Present

- Health Care Value Division, responsible for medical policy development and ongoing review of repository to determine clinical utility of new procedures and devices in the practice of medicine.
- Clinical support for code auditing tool in the claims processing system
- Represents BCBSM in national medical director forum for all Blues plans to review and determine status of medical policies that provide direction to determine coverage decisions.
- Support other areas in the BCBSM enterprise as a subject matter expert.

Wayne State University School of Medicine: Assistant Professor of Medicine 2001-2011

- Preceptor for longitudinal clinic for Wayne State University Detroit Medical Center Internal Medicine residents
- Medical Director of HealthSource primary care clinic at Detroit Receiving Hospital
- Instructor for Physical Diagnosis Course WSUSOM students
- Principal Investigator for "Integrated Care for Individuals with limited or no access to behavioral health services" grant which piloted providing physical health and mental health services at one site

Cleveland Clinic Foundation: Assistant Professor Medicine and General Medicine Practitioner 1997-2001

- Staff physician in general internal medicine department
- Instructor for internal medicine residents in both ambulatory and inpatient settings
- Medical Insurance Appeals Committee
- Interviewer for Internal Medicine Residency candidates

- Medical Director for Asthma Disease Management Program

## **POST GRADUATE TRAINING**

Cleveland Clinic Foundation – Cleveland OH 1994-1997

- Internal Medicine Residency

Department of Medicine WSUSOM Faculty Development Program for Leadership 2011

## **EDUCATION**

Michigan State University College of Human Medicine East Lansing, MI

- Degree: M.D. May 1994

University of Michigan School of Public Health Ann Arbor, MI

- Degree: Master of Public Health December 2000

Yale University New Haven, CT

- Degree: Bachelor of Arts May 1983 – Economics

## **PROFESSIONAL ORGANIZATIONS**

- Michigan State Medical Society
- Wayne State Medical Society
- Detroit Medical Society
- National Medical Society
- American College of Physicians

## **SERVICE**

Wayne State University School of Medicine

- Post Baccalaureate Program Admissions Committee
- Admissions Committee
- Mentoring program for Allied Health students

## **REFERENCES**

References available upon request

**OFFICE OF CONTRACTING  
AND PROCUREMENT**

April 12, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6000509      100% City Funding – AMEND 2– To Provide Microsoft Office Product Training, and Extended Training for HR. – Contractor: NH Learning Solutions Corporation. – Location: 14115 Farmington, Livonia, MI 48154 – Contract Period: Upon City Council Approval through March 31, 2020 – Contract Increase: \$235,900.00 – Total Contract Amount: \$591,800.00.  
**HUMAN RESOURCES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER**           MCCALISTER          

**RESOLVED**, that Contract No. 6000509 referred to in the foregoing communication dated April 12, 2019, be hereby and is approved.

**OFFICE OF CONTRACTING  
AND PROCUREMENT**

April 12, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002070      100% City Funding – To Provide Representation for Lawrence Garcia in Connection with the Attorney Grievance Commission, File No. 19-0379. – Contractor: Collins Einhorn Farrell, PC – Location: 4000 Town Center, 9<sup>th</sup> Fl., Southfield, MI 48075 – Contract Period: February 25, 2019 through June 30, 2020 – Total Contract Amount: \$50,000.00. **LAW**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL MEMBER MCCALISTER**

**RESOLVED**, that Contract No. 6002070 referred to in the foregoing communication dated April 12, 2019, be hereby and is approved.



CITY OF DETROIT  
LAW DEPARTMENT

COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE, SUITE 500  
DETROIT, MICHIGAN 48226-3437  
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April 10, 2019

**HONORABLE CITY COUNCIL**

RE: Kashif Bhatti v. City of Detroit  
Case No: 18-007312-NI  
File No: L18-00435 (SVD)

On April 8, 2019, a case evaluation panel evaluated the above-captioned lawsuit and awarded **Six Thousand Dollars and <sup>NO</sup>/Cents (\$6,000.00)** in favor of the plaintiff. The parties have until May 6, 2019, to either accept or reject the case evaluation. Failure to file a written acceptance or rejection within this period constitutes a rejection.

Based upon our review of the facts and particulars of this lawsuit, which are set forth in a confidential memorandum that is being separately hand-delivered to each member of Your Honorable Body, it is our considered opinion that acceptance of the case evaluation award is in the best interest of the City of Detroit.

We, therefore, request authorization to settle this matter in the amount of **Six Thousand Dollars and <sup>NO</sup>/Cents (\$6,000.00)** and that Your Honorable Body direct the Finance Director to issue a draft in that amount payable to Kashif Bhatti and his attorney, **Law Offices of Joumana Kayrouz**, to be delivered upon receipt of properly executed Releases and Stipulation and Order of Dismissal entered in Lawsuit No. 18-007312-NI, approved by the Law Department.

Respectfully submitted,

Sarah V. Domin  
Assistant Corporation Counsel

**APPROVED: APR 11 2019**  
LAWRENCE GARCIA  
Corporation Counsel

BY:   
**Krystal A. Crittendon**  
Supervising Assistant Corporation Counsel

Attachments

CITY CLERK 2019 APR 12 PM 2:50



R E S O L U T I O N

BY COUNCIL MEMBER \_\_\_\_\_:

**RESOLVED**, that the Law Department is hereby authorized to accept the case evaluation awards in the amount of **Six Thousand Dollars and <sup>NO</sup>/Cents (\$6,000.00)** in the case of Kashif Bhatti v. City of Detroit, Wayne County Case No. 18-007312-NI; and be it further

**RESOLVED**, that in the event a plaintiff accepts the case evaluation, that such acceptance is deemed a settlement, and that the Finance Director be and is hereby authorized and directed to draw a warrant upon the proper account in favor of Kashif Bhatti and his attorney, **Law Offices of Joumana Kayrouz**, in the amount of **Six Thousand Dollars and <sup>NO</sup>/Cents (\$6,000.00)** in full payment for any and all claims which Kashif Bhatti may have against the City of Detroit and any other City of Detroit employees by reason of injuries sustained in a collision with a City of Detroit bus on or about December 12, 2017, and that said amount be paid upon receipt of properly executed Releases, Stipulation and Order of Dismissal entered in Lawsuit No. 18-007312-NI and, where it is deemed necessary or desirable by the Law Department, a properly executed Medicare Reporting and Indemnification Affidavit, approved by the Law Department.

**APPROVED:**

LAWRENCE GARCIA  
Corporation Counsel

BY:

  
**Krystal A. Crittendon**

Supervising Assistant Corporation Counsel

Approved by City Council: \_\_\_\_\_

Approved by the Mayor: \_\_\_\_\_



CITY OF DETROIT  
LAW DEPARTMENT

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April 10, 2019

HONORABLE CITY COUNCIL

RE: TIMOTHY ROGERS, JR. v CITY OF DETROIT  
CASE NO. 18-004473-NF  
FILE NO. L18-00232 (MA)

We have reviewed the above-captioned lawsuit, the facts and particulars of which are set forth in a confidential memorandum that is being separately hand-delivered to each member of Your Honorable Body. From this review, it is our considered opinion that a settlement in the amount of **Fifteen Thousand Dollars and No Cents (\$15,000.00)** is in the best interest of the City of Detroit.

We, therefore, request authorization to settle this matter in the amount of **Fifteen Thousand Dollars and No Cents (\$15,000.00)** and that Your Honorable Body direct the Finance Director to issue a draft in favor of **Timothy Rogers, Jr., and his attorneys the Law offices of Kevin W. Geer**, in the amount of **Fifteen Thousand Dollars and No Cents (\$15,000.00)** to be delivered upon receipt of a properly executed Release and Order of Dismissal entered in **Case No. 18-004473-NF**, approved by the Law Department.

Respectfully submitted,



Michael L. Auten (P81884)  
Assistant Corporation Counsel

APPROVED: **APR 10 2019**

LAWRENCE T. GARCIA  
Corporation Counsel

BY: 

James D. Nosedá  
Supervising Assistant Corporation Counsel

CITY CLERK 2019 APR 12 PM 2:50

**RESOLUTION**

**BY COUNCIL MEMBER** \_\_\_\_\_:

**RESOLVED**, that settlement of the above matter be and is hereby authorized in the amount of **FIFTEEN THOUSAND DOLLARS and NO CENTS (\$15,000.00)** in the case of **TIMOTHY ROGERS, JR. v CITY OF DETROIT** Wayne County Circuit Court Case No. 18-004473-NF; and be it further **RESOLVED**, that the Finance Director be and is hereby authorized and directed to draw a warrant upon the proper account in favor of **TIMOTHY ROGERS, JR. and his attorney the Law offices of Kevin W. Geer**, in the amount of **FIFTEEN THOUSAND DOLLARS and NO CENTS (\$15,000.00)** in full payment for any and all claims which **TIMOTHY ROGERS, JR.** may have against the City of Detroit, and any City of Detroit employees by reason of alleged injuries or property damage sustained by **TIMOTHY ROGERS, JR.** on or about May 3, 2017, as otherwise set forth in Case No. 18-004473-NF filed in the Wayne County Circuit Court, and that said amount be paid upon receipt of properly executed Releases, Stipulation and Order of Dismissal entered in Case No. 18-004473-NF.

**APPROVED:**

LAWRENCE T. GARCIA  
Corporation Counsel

BY:

  
James D. Nosedo  
Supervising Assistant Corporation Counsel

Approved by City Council: \_\_\_\_\_

Approved by Mayor: \_\_\_\_\_



CITY OF DETROIT  
LAW DEPARTMENT

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April 9, 2019

**HONORABLE CITY COUNCIL**

RE: Erica Moore, as P.R. of Est. of Aiyana Stanley-Jones v Officer Joseph Weekley  
Case No: 10-005660-NO  
File No: L15-00249/LE-016331

We have reviewed the above-captioned lawsuit, the facts and particulars of which are set forth in a confidential memorandum that is being separately hand-delivered to each member of Your Honorable Body. From this review, it is our considered opinion that a settlement in the amount of **Eight Million, Two hundred and Fifty Thousand Dollars and <sup>NO</sup>/Cents (\$8,250,000.00)** is in the best interest of the City of Detroit.

We, therefore, request authorization to settle this matter in the amount of **Eight Million, Two hundred and Fifty Thousand Dollars and <sup>NO</sup>/Cents (\$8,250,000.00)** and that Your Honorable Body direct the Finance Director to issue a draft in that amount payable to **Erica Moore, as P.R. of Est. of Aiyana Stanley-Jones and her attorney, Fieger & Fieger, PC.,** to be delivered upon receipt of properly executed Releases and Stipulation and Order of Dismissal entered in Lawsuit No. 10-005660-NO, approved by the Law Department.

Respectfully submitted,

*Lawrence T. Garcia*

Lawrence T. Garcia  
Corporation Counsel

APPROVED: **APR 10 2019**  
LAWRENCE T. GARCIA  
Corporation Counsel

BY: *CN R*  
**Charles N. Raimi**  
Deputy Corporation Counsel

Attachments

CITY CLERK 2019 APR 12 PM 2:30

R E S O L U T I O N

BY COUNCIL MEMBER \_\_\_\_\_:

**RESOLVED**, that settlement of the above matter be and is hereby authorized in the amount of **Eight Million, Two hundred and Fifty Thousand Dollars and <sup>NO</sup>/Cents (\$8,250,000.00)**; and be it further

**RESOLVED**, that the Finance Director be and is hereby authorized and directed to draw a warrant upon the proper account in favor of **Erica Moore, as P.R. of Est. of Aiyana Stanley-Jones and her attorney, Fieger & Fieger, PC**, in the amount of **Eight Million, Two hundred and Fifty Thousand Dollars and <sup>NO</sup>/Cents (\$8,250,000.00)** in full payment for any and all claims which Erica Moore, as Personal Representative of the Est. of Aiyana Stanley-Jones may have against the City of Detroit and any other City of Detroit employees by reason of alleged injuries sustained on or about May 15, 2010, and otherwise set forth in Case No. 10-005660-NO, that said amount be paid upon receipt of properly executed Releases, Stipulation and Order of Dismissal entered in Lawsuit No. 10-005660-NO and, where deemed necessary by the Law Department a properly executed Medicare/CMS Final Demand Letter.

**APPROVED:**

LAWRENCE T. GARCIA  
Corporation Counsel

BY:

  
\_\_\_\_\_  
**Charles N. Raimi**  
Deputy Corporation Counsel

Approved by City Council: \_\_\_\_\_

Approved by the Mayor: \_\_\_\_\_



CITY OF DETROIT  
LAW DEPARTMENT

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April 12, 2019

**HONORABLE CITY COUNCIL**

**RE: *D'Marco Craft and Michael Jackson v. City of Detroit*; Civil Action Case No. 17-cv-12752 for P.O. Richard Billingslea**

Representation by the Law Department of the City employee listed below is hereby **not recommended**. We agree with the recommendation of the Head of the Department that the officer was not acting within the scope of his employment at the time the acts complained of were committed. We do not recommend that the City indemnifies the Defendant and, therefore, recommend a "NO" vote on the attached resolution for former **P.O. Richard Billingslea Badge No. 971**.

Please note that a copy of the original Law Department letter dated November 14, 2018 is attached (excluding the privileged and confidential attachments which were previously circulated via email).

At the January 22, 2019 Formal Session, City Council denied representation of P.O. Billingslea (Line Item 66). Subsequently, **City Council held a closed session regarding representation on March 19, 2019**. This closed session (commonly referred to as a Loudermill hearing is a due process requirement pursuant to the U.S. Supreme Court's holding in Cleveland Board of Education v. Loudermill, 470 US 532 (1985). Arbitration awards issued by the Voluntary Labor Arbitration Tribunal also recognize the past practice of City Council holding hearings for police officers who have been denied representation (see Grievance Nos. 79-237, 82-055, 90-047, and 92-200/92-202).

P.O. Billingslea was entitled to receive and the City of Detroit was required to hold this hearing. Now that the closed session on representation has occurred and additional and/or new information was presented to Council in this matter it is timely and appropriate for the attached resolution to be presented to your Honorable Body for a vote.

CITY CLERK 2019 APR 12 10:54





Please advise the Law Department Liaison, Ericka Savage Whitley, if you are in need of any of the privileged and confidential documents that were previously distributed in this matter.

Respectfully submitted,

*Douglas Baker by cwn*

Douglas Baker, Chief of Criminal  
Enforcement and Quality of Life

APPROVED:

BY:

*CN R* *C.N. Raimi, Deputy*  
\_\_\_\_\_  
LAWRENCE T. GARCIA  
CORPORATION COUNSEL

DB/esw  
Attachments

## RESOLUTION

By Council Member \_\_\_\_\_:

**RESOLVED**, that the Law Department is hereby authorized under Section 13-11-1 et. seq. of the Municipal Code of the City of Detroit and in accordance with the foregoing communication to provide legal representation and indemnification to the following Employees or Officers in the lawsuit *D'Marco Craft and Michael Jackson v. City of Detroit*; Civil Action Case No. 17-cv-12752

**P.O. Richard Billingslea      Badge No: 971**

APPROVED:

BY:   
LAWRENCE T. GARCIA  
CORPORATION COUNSEL

*C.W. Raimo - dep-6*





CITY OF DETROIT  
LAW DEPARTMENT

COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE, SUITE 500  
DETROIT, MICHIGAN 48226-3437  
PHONE 313-224-4550  
FAX 313-224-5505  
WWW.DETROITMI.GOV

November 14, 2018

**HONORABLE CITY COUNCIL**

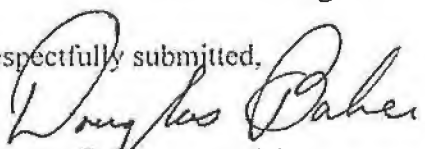
**RE: D'Marco Craft and Michael Jackson vs City of Detroit  
Civil Action Case No: 17-cv-12752**

Representation and indemnification by the City of Detroit of the City employee(s) or officer(s) listed below is hereby not recommended. We agree with the recommendation of the Head of the Department, and believe that the City Council should find and determine that the suit against the Defendants does not arise out of or involve the performance in good faith of the official duties of such Defendants. The Defendants violated department procedure, the criminal law and was not in the performance of his official duties at the time the acts complained of were committed. We, therefore, recommend a "NO" vote on the attached resolution. Copies of the relevant documents are submitted under separate cover.

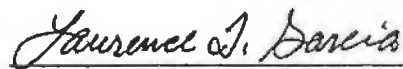
Employees or Officers requesting representation:

**P.O. Richard Billingslea      Badge No: 971**

Respectfully submitted,

  
Douglas Baker, Supervising  
Assistant Corporation Counsel

APPROVED:

BY:   
LAWRENCE T. GARCIA  
CORPORATION COUNSEL

DB/sb  
Attachments

April 11, 2019

Honorable City Council

RE: **Petition No.: 812 – Mittens for Detroit**, a nonprofit organization, request resolution from your Honorable Body a charitable gaming license.

On this date, your Honorable Body referred the above petition to this office for investigation. Petitioner wishes to be recognized as a nonprofit organization with a gaming license from the Bureau of State Lottery.

Be advised that the organization meets the criteria for such recognition as established by the city Council on May 15, 2012.

Therefore, approval of this petition is recommended and an appropriate resolution is attached.

Respectfully submitted,

Janice M. Winfrey

JMW:cj

## RESOLUTION

By Council Member: \_\_\_\_\_

Whereas, Mittens for Detroit (PO Box 448, Clawson, Michigan 48017) requests for resolution from your Honorable Body for a charitable gaming license and:

Whereas, the organization meets the criteria for such recognition as established by the City Council on May 15, 2012.

Therefore, Be it Resolved, That Mittens for Detroit, (P O Box 448, Clawson, Michigan 48017) as a nonprofit organization with a gaming license from the Bureau of State Lottery.

## DEPARTMENTAL REFERENCE COMMUNICATION

*Thursday, April 11, 2019*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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CITY CLERK

**812**      *Mittens for Detroit, request resolution from your Honorable Body a Charitable Gaming License.*



PO Box 448 • Clawson, MI 48017-0448  
www.MittensForDetroit.org  
Wendy Shepherd, Executive Director  
Wendy@MittensForDetroit.org  
Ph: 313.727.6336 • www.MittensForDetroit.org

OFFICE OF THE  
DETROIT CITY CLERK  
2019 APR -2 P 12:22

April 1, 2019

To: Office of Detroit City Clerk – Janice M. Winfrey  
From: Wendy Shepherd, Mittens for Detroit  
Re: Request for "Local Governing Body Resolution for Charitable Gaming Licenses"  
For Mittens for Detroit, Inc. – State of Michigan Organization ID: 139800

Per my conversation of 3/7/19 with Ms. Jackson in your office, I am submitting a new request for a "Local Governing Body Resolution for Charitable Gaming Licenses" for Mittens for Detroit, Inc. We had submitted a request on 3/26/18 for our event last year, which was assigned the number "249 – Mittens for Detroit, request resolution from your Honorable Body a charitable gaming license." This previous request is attached, and it apparently got lost in the system. Ms. Jackson suggested that I send it along with updated information for this year's event.

Mittens for Detroit is a 501(c)(3) nonprofit that collects, purchases, and distributes new mittens and gloves to children and adults in need in Detroit, Hamtramck, Highland Park, and other nearby communities. Since its inception in 2010, over one-quarter million new pairs have been collected and distributed, with distribution through a network of about 100 agencies, schools, health facilities and other organizations that work with those in need. Our work has a great impact in the health and well-being in the neighborhoods.

Our office has been downtown since 2013, first in 1001 Woodward and in the First National Building since 2015.

Mittens for Detroit was founded as a community initiative in 2010. In 2011, it became a fiscally sponsored nonprofit. In 2016, we incorporated, receiving our 501(c)(3) in late November 2016. On January 1, 2017, we assumed full responsibility for our organization, ending the relationship with the fiscal sponsor on 12/31/16. Therefore, 2017 was our first year to be filing a 990, which is attached. Our 2018 990 is not yet completed.

All other materials which were requested for this resolution are attached. Our event – **Giggles & Gloves** – is on May 19, 2019, which is the event for which we are requesting this license, and a flyer is attached. A copy of our Raffle License Application, which has been sent to the State, is also attached.

Thank you so much for your consideration of this request. Please advise me when it is completed or if you need more information.

With appreciation,

Mittens for Detroit, Inc. is a 501(c)(3) nonprofit organization • Tax ID 81-2286478

Mittens  
for detroit

# Giggles and Gloves

KICKING OFF OUR  
10<sup>TH</sup> COLLECTION  
SEASON!



Billy Ray Bauer  
featured



Andy Beningo  
emcee



Crystal P.  
headliner

It's our annual comedy show fundraiser!

Featuring:

**Crystal P.** as headliner

A local favorite, earned the title,  
Royal Crown's Crowned Comedian of  
P. Diddy's Bad Boys of Comedy show.

**Billy Ray Bauer** as featured

and  
**Andy Beningo** as emcee

Sunday May 19, 2019

Doors 5pm | Show 6:30pm

**Mark Ridley's Comedy Castle**

370 S. Troy St., Royal Oak MI

All proceeds support:



Order tickets  
today!

[bit.ly/GigglesAndGloves19](http://bit.ly/GigglesAndGloves19)

Prices:

\$40 • \$50 • \$75 • \$100

Also check out our  
Tables of 10 Deals!

For more information, email [Info@MittensForDetroit.org](mailto:Info@MittensForDetroit.org) • Visit us at [MittensForDetroit.org](http://MittensForDetroit.org)  
Or call us; 313.727.6336 • Mittens for Detroit, Inc. is a 501(c)(3) nonprofit - tax ID 81-2286478.

Janice M. Winfrey  
City Clerk

**City of Detroit**  
**OFFICE OF THE CITY CLERK**

Vivian A. Hudson  
Deputy City Clerk

**DEPARTMENTAL REFERENCE COMMUNICATION**

*Monday, March 26, 2018*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

---

CITY CLERK

**249**     *Mittens for Detroit, request resolution from your Honorable Body a charitable gaming license.*



PO Box 448 • Clawson, MI 48017-0448  
www.MittensForDetroit.org  
Wendy Shepherd, Executive Director  
Wendy@MittensForDetroit.org  
Ph: 313.727.6336 • www.MittensForDetroit.org

March 23, 2018

To: Office of Detroit City Clerk – Janice M. Winfrey  
From: Wendy Shepherd, Mittens for Detroit  
Re: Request for “Local Governing Body Resolution for Charitable Gaming Licenses

Dear Ms. Winfrey:

Per my recent conversation with your office, I am submitting a request for a “Local Governing Body Resolution for Charitable Gaming Licenses” for Mittens for Detroit, Inc.

Mittens for Detroit is a 501(c)(3) nonprofit that collects, purchases, and distributes new mittens and gloves to children and adults in need in Detroit, Hamtramck, Highland Park, and other nearby communities. Since its inception in 2010, almost 240,000 pairs have been collected and distributed, with distribution through a network of about 100 agencies, schools, health facilities and other organizations that work with those in need.

Our office has been downtown since 2013, first in 1001 Woodward and in the First National Building since 2015.

Mittens for Detroit was founded as a community initiative in 2010. In 2011, it became a fiscally sponsored nonprofit. In 2016, we incorporated, receiving our 501(c)(3) in late November 2016. On January 1, 2017, we assumed full responsibility for our organization, ending the relationship with the fiscal sponsor on 12/31/16. Therefore, 2017 was our first year to be filing a 990, and that is currently being prepared by the accountant. We do not have a 990 on file yet.

All other materials which were requested for this resolution are attached, including a brochure about Mittens for Detroit and a flyer for our upcoming annual fundraiser which is on May 20, 2018.

Thank you so much for your consideration of this request. Please advise me when it is completed or if you need more information.

With appreciation,

CITY CLERK 23 MAR 2018 PM 1:40





For Internal Use Only

**QUALIFICATION INFORMATION**

Complete this form and submit with the required qualification documents listed on the attached Qualification Requirements sheet. A Bingo, Raffle, or Charity Game Ticket license application and fee may also be submitted with this information. See box #5 below for mailing instructions.

Please allow 8 weeks for the qualification process.

**1. ORGANIZATION INFORMATION**

Organization Name <i>Mittens for Detroit, Inc.</i>			
Organization Physical Street Address <i>First National Building, 1092 Woodward Avenue</i>			
City <i>Detroit</i>	State <i>MI</i>	Zip Code <i>48226</i>	County <i>Wayne</i>
Organization Mailing Address <i>PO Box 448</i>			<input type="checkbox"/> Same as Physical Address
City <i>Clawson</i>	State <i>MI</i>	Zip Code <i>48017-0448</i>	County <i>Oakland</i>
Organization Telephone Number <i>313-727-6336</i>			

**2. ORGANIZATION PURPOSE**

Briefly describe the purpose of your organization.  
*Mittens for Detroit, Inc. collects, purchases and distributes new mittens and gloves to children and adults in need in Detroit and other nearby communities. To date we have collected and distributed more than 240,000 pairs since 2010.*

**3. LICENSE APPLICATION**

Enclosed is a completed application and fee for a ☐ Bingo ☒ Raffle ☐ Charity Game Ticket license  
Make checks payable to STATE OF MICHIGAN

**4. AUTHORIZED CONTACT PERSON**

First Name <i>Wendy</i>	Last Name <i>Shepherd</i>	Position/Role with Organization <i>Secretary</i>	
Mailing Address <i>327 W. Houstonia Ave, #1</i>		City <i>Royal Oak</i>	
State <i>MI</i>	Zip Code <i>48073</i>	Telephone Number (Day) <i>313-727-6336</i>	Telephone Number (Evening) <i>589-913-5690</i>
By signing below, I hereby certify that the representations, information, and data presented are true, accurate, and complete to the best of my knowledge. I understand that failure to answer truthfully, completely, and accurately could preclude the organization from receiving an approval to obtain a gaming license.			
Authorized Contact Person Signature <i>Wendy Shepherd</i>			Date <i>3-23-18</i>
Print Authorized Contact Name and Title <i>Wendy Shepherd, Secretary</i>			

**5. MAILING INSTRUCTIONS**

Mail this completed Qualification Information form, the required qualification documentation listed on the Qualification Requirements sheet, and the completed license application and fee (if also applying for a gaming license) to Charitable Gaming Division, PO Box 30023, Lansing, MI 48909. If submitting by overnight carrier (FedEx, UPS, etc.), send to Charitable Gaming Division, 101 East Hulsdale, Lansing, MI 48933.





Charitable Gaming Division  
Box 30023, Lansing, MI 48909  
OVERNIGHT DELIVERY  
101 E. Hillsdale, Lansing MI 48933  
(517) 335-5780  
www.michigan.gov/cg

**LOCAL GOVERNING BODY RESOLUTION FOR CHARITABLE GAMING LICENSES**  
(Required by MCL 432.103(K)(2))

At a \_\_\_\_\_ meeting of the \_\_\_\_\_  
REGULAR OR SPECIAL TOWNSHIP, CITY, OR VILLAGE COUNCIL/BOARD

called to order by \_\_\_\_\_ on \_\_\_\_\_  
DATE

at \_\_\_\_\_ a.m./p.m. the following resolution was offered:  
TIME

Moved by \_\_\_\_\_ and supported by \_\_\_\_\_

that the request from \_\_\_\_\_ of \_\_\_\_\_  
NAME OF ORGANIZATION CITY

county of \_\_\_\_\_, asking that they be recognized as a  
COUNTY NAME

nonprofit organization operating in the community for the purpose of obtaining charitable

gaming licenses, be considered for \_\_\_\_\_  
APPROVAL/DISAPPROVAL

**APPROVAL**

**DISAPPROVAL**

Yeas: \_\_\_\_\_

Yeas: \_\_\_\_\_

Nays: \_\_\_\_\_

Nays: \_\_\_\_\_

Absent: \_\_\_\_\_

Absent: \_\_\_\_\_

I hereby certify that the foregoing is a true and complete copy of a resolution offered and

adopted by the \_\_\_\_\_ at a \_\_\_\_\_  
TOWNSHIP, CITY OR VILLAGE COUNCIL/BOARD REGULAR OR SPECIAL

meeting held on \_\_\_\_\_  
DATE

SIGNED: \_\_\_\_\_  
TOWNSHIP, CITY, OR VILLAGE CLERK

PRINTED NAME AND TITLE

ADDRESS

COMPLETION Required.  
PENALTY: Possible denial of application.  
BSL-CG-1153(R6/00)

## CERTIFICATE OF INCORPORATION

of

**Mittens for Detroit, Inc.**

The undersigned, a natural person, for the purpose of organizing a not-for-profit, non-stock corporation under the provisions and subject to the requirements of the laws of the State of Delaware (particularly Chapter 1, Title 8 of the Delaware Code and the acts amendatory thereof and supplemental thereto, and known, identified, and referred to as the "General Corporation Law of the State of Delaware"), hereby certifies that:

**FIRST:** The name of the corporation (hereinafter called the "Corporation") is

**Mittens for Detroit, Inc.**

**SECOND:** The address, including street, number, city, and county, of the registered office of the Corporation in the State of Delaware is 2711 Centerville Road, Suite 400, City of Wilmington, County of New Castle, Delaware 19808; and the name of the registered agent of the Corporation in the State of Delaware at such address is Corporation Service Company.

**THIRD:** The Corporation shall be a nonprofit corporation. The nature of the purposes to be conducted by the Corporation is as follows:

The Corporation shall always be operated exclusively for charitable, scientific, educational, and literary purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or the corresponding provision of any future United States internal revenue law (hereinafter, the "Code"). The purposes of the Corporation are to engage in activities and programs that may be carried out by a corporation exempt from federal income tax under Section 501(c)(3) of the Code, which activities and programs that facilitate the collection, purchase and distribution of mittens, gloves and other cold-weather essentials to children and adults in need in Detroit, Michigan and other underserved communities. Notwithstanding any other provision of this Certificate of Incorporation, the Corporation shall not carry on any activities not permitted to be carried on by an organization exempt from Federal income tax under Section 501(c)(3) of the Code.

Except for the payment of reasonable compensation, as determined by the Board of Directors of the Corporation as to structure and amount, for services rendered to, for the benefit of or in furtherance of the purposes of the Corporation, no part of its earnings shall inure to the benefit of any its directors, officers or other private persons.

In furtherance of such purposes, subject to the restrictions and limitations herein contained, the Corporation shall have the authority to exercise all of the powers conferred upon corporations organized for not-for-profit purposes and without authority to issue capital stock under the provisions of the General Corporation Law of the State of Delaware, provided, that the exercise of any such powers shall be in furtherance of any one or more of the aforesaid exempt purposes of the Corporation.

shall be authorized and empowered to pay reasonable compensation for services actually rendered and to make payments and distributions in furtherance of the Corporation's purposes set forth in Article THIRD hereof.

2. The personal liability of the directors of the Corporation is hereby eliminated or limited to the fullest extent permitted by paragraph (7) of subsection (b) of Section 102 of the General Corporation Law of the State of Delaware, as the same may be amended and supplemented.

3. Neither the Board of Directors, nor any officer, shall have power to bind the individual directors or officers of the Corporation, personally. All persons or corporations extending credit to, contracting with, or having claims against the Corporation, shall look only to the funds and property of the Corporation for payment of any such contract or claim or for the payment of any debt, damage, judgment or decree, or of any money that may otherwise become due and payable to them from the Corporation, so that neither the directors nor the officers, present or future, shall be personally liable therefore.

4. During any period of time in which the Corporation is or is deemed to be a private foundation as defined in Section 509(a) of the Code, and notwithstanding any other provision of this Certificate of Incorporation of the Corporation:

- a. The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Code.
- b. The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Code.
- c. The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Code.
- d. The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Code.
- e. The Corporation shall not make any taxable expenditure as defined in Section 4945(d) of the Code.

5. Upon affirmative vote of a majority of the total number of Directors then in office, the Corporation may authorize dissolution of the Corporation. Upon the dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Code as shall be designated by the Directors. Any such net assets not so disposed of shall be disposed of by a court of competent jurisdiction exclusively for such purposes or to such organization or organizations as said court shall determine which are organized and operated for such purposes.

**SEVENTH:** From time to time, any of the provisions of this Certificate of Incorporation may be amended, altered, or repealed, and other provisions authorized by the laws of the State of Delaware at the time in force may be added or inserted in the manner and at the time prescribed by

**BYLAWS**  
**OF**  
**MITTENS FOR DETROIT, INC.**

**ARTICLE I**  
**THE CORPORATION**

**Section 1.    Name and Purposes.**

The name and purposes of the Corporation shall be as set forth in the Corporation's Certificate of Incorporation as adopted and filed with the Office of the Secretary of State of the State of Delaware (as now in effect or as hereafter amended or restated from time to time, the "Certificate of Incorporation ") pursuant to Chapter 1, Title 8 of the Delaware Code, as now in effect and as hereafter amended, or the corresponding provision(s) of any future Delaware law (referred to herein as the "General Corporation Law of Delaware").

**Section 2.    Certificate of Incorporation.**

These Bylaws, the powers of the Corporation, Directors and officers, and all matters concerning the conduct and regulation of the activities and operations of the Corporation shall be subject to the provisions of the Certificate of Incorporation. In the event of any conflict or inconsistency between the Certificate of Incorporation and these Bylaws, the Certificate of Incorporation shall control.

**Section 3.    Location of Offices of Corporation.**

The principal office of the Corporation initially shall be located in the State of Michigan, provided that (i) the Corporation may maintain the principal office in such other locations as may be fixed by the Board of Directors and (ii) the Corporation may establish and maintain additional offices in such other locations as may be fixed by the Board of Directors.

**Section 4.    Seal.**

The corporate seal shall be circular in form with the name of the Corporation around the periphery and the year and the state of incorporation within.

**Section 5.    Fiscal Year.**

The fiscal year of the Corporation shall run from January 1 to December 31, unless otherwise determined by the Board of Directors of the Corporation.

#### Section 4. Resignations.

Any Director may resign by filing with the Secretary or with the Board of Directors a written resignation, which shall take effect on being so filed (unless specified to be effective at some other time) or at such other time as may be specified therein and the acceptance thereof shall not be necessary to make it effective unless it so states; *provided, however*, that the Board of Directors may act to accept such resignation immediately or at any other time sooner than the time specified by such resigning Director in his or her resignation.

#### Section 5. Removal.

The Board of Directors, upon the affirmative vote of a majority of those Directors present at any meeting called for such purpose at which a quorum is present, may remove, with or without cause, any officer of the Corporation. The Board of Directors, upon the affirmative vote of a majority of those Directors present at any meeting called for such purpose at which a quorum is present, may remove, with or without cause, any Director of the Corporation. Any Director who ceases to possess the requisite qualifications for office established by the Board of Directors may be removed from the Board at any meeting of the Board. An officer or Director may be removed with cause only after reasonable notice and an opportunity to be heard.

#### Section 6. Powers of the Board.

The Board of Directors shall manage, control and oversee the affairs, activities and property of the Corporation, and may exercise on behalf of the Corporation all lawful powers of the Corporation under the General Corporation Law of Delaware. The Board shall choose and appoint all the officers and agents of the Corporation and fill all vacancies, including any vacancy in its own number, and shall determine the compensation, if any, of such officers and agents and such fees, if any, for themselves as they deem reasonable. The Board shall be reimbursed for all expenses reasonably incurred by them in the performance of their duties. The Board may, from time to time, to the extent permitted by law, delegate any of its powers to committees, officers, boards of advisors, attorneys or agents of the Corporation, subject to such limitations as the Board may impose.

In addition to and without limiting the foregoing powers, the Directors shall have and may exercise all powers, rights and privileges afforded to statutory "members" of a non-stock corporation organized under the General Corporation Law of Delaware, including without limitation, the power to adopt bylaws providing for the indemnification of Directors, officers, employees and other agents of the Corporation and for the indemnification of persons who serve other organizations in such capacities at the request of the Corporation, and the power to amend the Certificate of Incorporation.

Without in any way limiting the foregoing powers, since it is the express purpose of the Corporation to qualify as a Section 501(c)(3) organization under the Internal Revenue Code of 1986, as amended, or the corresponding provisions of any future federal tax code (hereinafter referred as the "Code"), as such law may now or hereafter pertain to such entities as well as the governmental regulations adopted pursuant thereto, the Board of Directors shall be deemed to have all powers reasonably necessary to fulfill that responsibility and maintain that qualification.

Section 6.     Telephonic Meetings.

The Directors of the Corporation or the members of any committee designated thereby may participate in a meeting of the Board or of such committee by means of a conference telephone call or similar communications equipment which allows all persons participating in the meeting to hear each other at the same time. Participation by such means shall constitute presence in person at a meeting.

ARTICLE V

Committees of the Board

The Board of Directors may establish one or more standing or temporary committees and may elect from their number to serve as members of such committees and may delegate thereto some or all of their powers except those which by law, the Certificate of Incorporation or these Bylaws they are prohibited from delegating. Except as the Directors may otherwise determine, any such committee may make rules for the conduct of its business, but unless otherwise provided by the Directors or in such rules, its business shall be conducted as nearly as may be in the same manner as is provided by these Bylaws for the Directors. The Directors shall have the power to fill vacancies in, change the membership of, or to disband any such committee.

ARTICLE VI

Officers

Section 1.     Enumeration; Qualifications; Term.

The officers of the Corporation shall be a President, a Treasurer, a Secretary and such other officers as the Directors shall appoint from time to time. An officer may but need not be a Director of the Corporation.

Any two (2) or more offices may be held by the same person. Unless a different term is specified by the Board at the time of election or appointment, officers shall serve, subject to these Bylaws, until the next annual meeting of the Board and until their respective successors are elected and qualified, and each officer shall be eligible for reappointment to successive terms.

Section 2.     Vacancies.

A vacancy in any office of the Corporation because of death, resignation, disqualification, or otherwise may be filled by the Board of Directors for the unexpired portion of the term, and thereafter until his or her successor is chosen and qualified.

Section 3.     Resignations.

Any officer of the Corporation may resign by filing with the President, the Secretary or with the Board of Directors a written resignation, which shall take effect on being so filed (unless specified to be effective at some other time) or at such other time as may be specified therein and the acceptance thereof shall not be necessary to make it effective unless it so states; *provided,*

**Section 4. Other Officers.**

The Board of Directors in its discretion may appoint one or more additional officers or agents of the Corporation who shall have such powers as may be designated from time to time by the Board of Directors.

**ARTICLE VIII**

**Indemnification of Officers and Directors**

The Corporation shall indemnify and hold harmless each person who heretofore has served, is currently serving or hereafter serves as an officer or Director of the Corporation or at the request of the Corporation as an officer or Director of another organization from and against any and all claims and liabilities to which such person may be or become subject by reason of such service (including, without limitation, by reason of such person's alleged acts or omissions in the course of such service), and shall indemnify and reimburse each such person against and for any and all legal and other expenses reasonably incurred by such person in connection with any such claims and liabilities, actual or threatened, whether or not at or prior to the time when so indemnified, held harmless and reimbursed such person has ceased to serve in such capacity, except with respect to any matter as to which such person shall have been adjudicated in any proceeding not to have acted in good faith in the reasonable belief that his or her action was in the best interests of the Corporation; *provided, however*, that prior to such final adjudication the Corporation may compromise and settle any such claims and liabilities and pay such expenses, if such settlement or payment or both appears, in the judgment of a majority of those members of the Board of Directors who are not involved in such matters, to be in the best interests of the Corporation as evidenced by a resolution to that effect adopted after receipt by the Corporation of a written opinion of counsel for the Corporation, that, based on the facts available to such counsel, such person has not been guilty of acting in a manner that would prohibit indemnification.

Such indemnification may include payment by the Corporation of expenses incurred in defending a civil or criminal action or proceeding in advance of the final disposition of such action or proceeding, subject to (a) approval by a majority of the disinterested directors or a court of competent jurisdiction and (b) receipt by the Corporation of an undertaking by the person indemnified to repay such payment if he or she shall be adjudicated to be not entitled to indemnification under this section, which undertaking shall be accepted without reference to the financial ability of such person to make repayment.

The right of indemnification hereby provided shall not be exclusive. Nothing contained in this Article shall affect any rights to indemnification to which such person indemnified hereunder or other corporate personnel may be entitled by contract, by vote of the Board of Directors or otherwise under law. As used in this Article, all references to persons who are to be indemnified shall include their respective heirs, executors and administrators.

It is the intention of the Corporation that the obligations of the Corporation, and the rights and benefits of the persons entitled to indemnification under this Article shall vest upon the later of the date of the adoption of these Bylaws or when the individual becomes a person entitled to indemnification hereunder. It is the further intention of the Corporation to provide for



Corporation or with any entity or individual with which the Corporation has a transaction or arrangement; or (iii) a potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Corporation is negotiating a transaction or arrangement. Compensation includes direct and indirect remuneration as well as gifts or favors that are substantial in nature. A financial interest is not necessarily a conflict of interest. Under *Disclosure and Determination* below, a person who has a financial interest may have a conflict of interest only if the Board of Directors or an appropriate committee determines that a conflict of interest exists.

#### Section 4. Disclosure and Determination.

In connection with any actual or possible conflict of interest, an Interested Person must disclose the existence of his or her financial interest and all material facts to the directors, officers and members of any committees with Board-delegated powers considering the proposed transaction or arrangement. After disclosure of the financial interest, and after any discussion with the Interested Person, the Interested Person shall leave the Board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining Board or committee members shall decide if a conflict of interest exists.

#### Section 5. Procedures.

An Interested Person may make a presentation at the Board or committee meeting, but after such presentation, he or she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement that gave rise to the conflict of interest. The President or a committee chairperson shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement. After exercising due diligence, the Board or committee shall determine whether the Corporation can obtain a more advantageous transaction or arrangement with reasonable efforts from a person or entity that would not give rise to a conflict of interest. If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the Board or committee shall determine, by an affirmative vote of a majority of the quorum of disinterested directors participating in the meeting, whether the transaction or arrangement is in the Corporation's best interest and for its own benefit, and whether the transaction is fair and reasonable to the Corporation. If the Board or committee has reasonable cause to believe that the Interested Person has failed to disclose actual or possible conflicts of interest, it shall inform such person of the basis for such belief and afford such person an opportunity to explain the alleged failure to disclose. If, after hearing the response of the Interested Person and making such further investigation as may be warranted in the circumstances, the Board or committee determines the Interested Person has in fact failed to disclose an actual or possible conflict of interest, the Board of Directors shall take appropriate disciplinary and corrective action.

#### Section 6. Records of Proceedings.

The minutes of the Board and of all committees shall: (i) contain the names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the Board's or committee's decision as to whether a conflict of interest in fact existed; and (ii) contain the names of the persons who were present

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **NOV 25 2016**

MITTENS FOR DETROIT INC  
C/O WENDY SHEPHERD  
PO BOX 448  
CLAWSON, MI 48017-0448

Employer Identification Number:  
81-2286478  
DLN:  
17053256343026  
Contact Person:  
JASON T SAMMONS ID# 31616  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
April 15, 2016  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

2018-03-26

249

249 *Petition of Mittens for Detroit, request  
resolution from your Honorable Body  
a charitable gaming license.*

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REFERRED TO THE FOLLOWING DEPARTMENT(S)

CITY CLERK

# **RAFFLE LICENSE APPLICATION**

For Bureau Use Only

PLEASE PRINT OR TYPE IN BLUE OR BLACK INK

QUALIFICATION INFORMATION	1. Organization Name <b>MITTENS FOR DETROIT, INC.</b>				2. Organization ID Number or Last License Number Issued <b>139800</b>	
	3. Organization Street Address <b>FNB 1092 WOODWARD AVENUE</b>		City <b>DETROIT</b>	State <b>MI</b>	Zip Code <b>48226</b>	
	Organization Mailing Address <b>PO BOX 448</b>		City <b>CLAWSON</b>	State <b>MI</b>	Zip Code <b>48017</b>	
	County <b>63 Oakland</b>					
4. Has your organization ever received a license such as bingo, raffle or charity game ticket? <input checked="" type="checkbox"/> Yes Complete application and submit with the appropriate fee <input type="checkbox"/> No You must submit the documentation requested on the Qualification Requirements sheet and describe qualifications before any license can be issued. The Qualification Requirements sheet can be obtained from our website at www.nichigan.gov/cg or by calling our office at (517) 325-5740.						
5. Has your organization received contributions or made expenditures of \$500.00 more in the last calendar year for the purpose of influencing or attempting to influence the action of voters for or against the nomination or election of a candidate or the qualification of a candidate for office of a public position? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

SIGNATURES	Provide name, title, home address and telephone numbers for the PRINCIPAL OFFICER, e.g. president, grant recipient, worthy partner, etc., and the vice president or equivalent and one other officer of the organization. SIGNATURE OF PRINCIPAL OFFICER REQUIRED - ON signatures of the vice president or equivalent and one other officer. NOTE: Executive director signature not acceptable.					
	Name and Title <b>Principal Officer</b> <b>DAVID AGIUS</b> Title <b>PRESIDENT</b> Signature of Principal Officer		Street, City, State, ZIP Code <b>28971 EAST KING WILLIAM</b> <b>FARMINGTON HILLS, MI 48331</b>		Telephone Numbers Day ( <b>313</b> ) <b>471-6070</b> Evening ( <b>313</b> ) <b>670-7171</b> Date <b>03/18/19</b>	
	Name and Title <b>Vice President or Equivalent</b> Title <b>SECRETARY</b> Signature of Vice President or Equivalent		Street, City, State, ZIP Code <b>327 W HOUSTONIA AVE, #1</b> <b>ROYAL OAK, MI 48073</b>		Telephone Numbers Day ( <b>313</b> ) <b>727-6336</b> Evening ( <b>586</b> ) <b>913-5690</b> Date <b>03/18/19</b>	
	By signing above, I CERTIFY that I am at least 18 years of age, the organization applying is a NON-PROFIT organization, I have read and understand the application and there is no contribution or expenditure of the kind described above or otherwise, and the application is being submitted in good faith and for the purpose of obtaining a license to operate a raffle. I understand that the Michigan Charitable Gaming Act, 1977 PA 101, 1979 PA 101, 1981 PA 101, 1983 PA 101, 1985 PA 101, 1987 PA 101, 1989 PA 101, 1991 PA 101, 1993 PA 101, 1995 PA 101, 1997 PA 101, 1999 PA 101, 2001 PA 101, 2003 PA 101, 2005 PA 101, 2007 PA 101, 2009 PA 101, 2011 PA 101, 2013 PA 101, 2015 PA 101, 2017 PA 101, 2019 PA 101, 2021 PA 101, 2023 PA 101, 2025 PA 101, 2027 PA 101, 2029 PA 101, 2031 PA 101, 2033 PA 101, 2035 PA 101, 2037 PA 101, 2039 PA 101, 2041 PA 101, 2043 PA 101, 2045 PA 101, 2047 PA 101, 2049 PA 101, 2051 PA 101, 2053 PA 101, 2055 PA 101, 2057 PA 101, 2059 PA 101, 2061 PA 101, 2063 PA 101, 2065 PA 101, 2067 PA 101, 2069 PA 101, 2071 PA 101, 2073 PA 101, 2075 PA 101, 2077 PA 101, 2079 PA 101, 2081 PA 101, 2083 PA 101, 2085 PA 101, 2087 PA 101, 2089 PA 101, 2091 PA 101, 2093 PA 101, 2095 PA 101, 2097 PA 101, 2099 PA 101, 2101 PA 101, 2103 PA 101, 2105 PA 101, 2107 PA 101, 2109 PA 101, 2111 PA 101, 2113 PA 101, 2115 PA 101, 2117 PA 101, 2119 PA 101, 2121 PA 101, 2123 PA 101, 2125 PA 101, 2127 PA 101, 2129 PA 101, 2131 PA 101, 2133 PA 101, 2135 PA 101, 2137 PA 101, 2139 PA 101, 2141 PA 101, 2143 PA 101, 2145 PA 101, 2147 PA 101, 2149 PA 101, 2151 PA 101, 2153 PA 101, 2155 PA 101, 2157 PA 101, 2159 PA 101, 2161 PA 101, 2163 PA 101, 2165 PA 101, 2167 PA 101, 2169 PA 101, 2171 PA 101, 2173 PA 101, 2175 PA 101, 2177 PA 101, 2179 PA 101, 2181 PA 101, 2183 PA 101, 2185 PA 101, 2187 PA 101, 2189 PA 101, 2191 PA 101, 2193 PA 101, 2195 PA 101, 2197 PA 101, 2199 PA 101, 2201 PA 101, 2203 PA 101, 2205 PA 101, 2207 PA 101, 2209 PA 101, 2211 PA 101, 2213 PA 101, 2215 PA 101, 2217 PA 101, 2219 PA 101, 2221 PA 101, 2223 PA 101, 2225 PA 101, 2227 PA 101, 2229 PA 101, 2231 PA 101, 2233 PA 101, 2235 PA 101, 2237 PA 101, 2239 PA 101, 2241 PA 101, 2243 PA 101, 2245 PA 101, 2247 PA 101, 2249 PA 101, 2251 PA 101, 2253 PA 101, 2255 PA 101, 2257 PA 101, 2259 PA 101, 2261 PA 101, 2263 PA 101, 2265 PA 101, 2267 PA 101, 2269 PA 101, 2271 PA 101, 2273 PA 101, 2275 PA 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RAFFLE INFORMATION

<b>Raffle Person</b> <b>WENDY SHEPHERD</b> Mailing Address Where Licensee Should Be Sent <b>MITTENS FOR DETROIT, PO BOX 448</b> City <b>CLAWSON</b> State <b>MI</b> ZIP Code <b>48017</b> Telephone Number (Day) <b>(313) 727-6336</b> Email Address		<b>Raffle Location (Building Name, if any)</b> <b>MARK RIDLEY'S COMEDY CASTLE</b> Street Address <b>310 S. TROY STREET</b> City <b>ROYAL OAK, MI</b> ZIP Code <b>48067</b> County <b>63 Oakland</b>																								
10 List name, home address, and telephone number of the raffle chairperson(s). Must be a member for 6 months. If your organization does not have general membership, chairperson must be a board member for 6 months. Prizes must progressively increase in value at least 2 chairpersons. Attach additional list if necessary.																										
<b>Raffle Chairperson</b> Name <b>WENDY SHEPHERD</b> Address <b>327 W. HOUSTONIA AVE., #1</b> <b>ROYAL OAK, MI 48073</b>		<b>Telephone Numbers</b> Day <b>(313) 727-6336</b> Evening <b>(586) 913-5690</b> Day ( ) Evening ( )																								
11 Check when total value of all prizes awarded in one day is \$500 or LESS. Drawing Date(s) and Time(s): Must be between the hours of 8 a.m. to 2 a.m. <table border="1"> <tr> <td>Date</td> <td>Time</td> <td>a.m.</td> <td>m.</td> <td>a.m.</td> </tr> <tr> <td>Date</td> <td>Time</td> <td>a.m.</td> <td>to</td> <td>a.m.</td> </tr> <tr> <td>Date</td> <td>Time</td> <td>a.m.</td> <td>to</td> <td>a.m.</td> </tr> </table> Check here if there are additional drawing dates and locations:		Date	Time	a.m.	m.	a.m.	Date	Time	a.m.	to	a.m.	Date	Time	a.m.	to	a.m.	12 Estimate Prize All drawing dates included on this application must be at the same location. Small Raffle Drawings: \$100 or less, or 100 or less plus \$5 for each additional drawing date. Large Raffle Drawings: \$500 or more for each drawing date. <table border="1"> <tr> <td>1, 2, or 3 small drawing dates</td> <td>\$10</td> </tr> <tr> <td>4 additional small drawing dates</td> <td>\$4</td> </tr> <tr> <td>Large drawing dates</td> <td>1 \$50 50</td> </tr> <tr> <td colspan="2"> <b>EST. TOTAL PRIZE AMOUNT \$ 50</b> </td> </tr> </table>		1, 2, or 3 small drawing dates	\$10	4 additional small drawing dates	\$4	Large drawing dates	1 \$50 50	<b>EST. TOTAL PRIZE AMOUNT \$ 50</b>	
Date	Time	a.m.	m.	a.m.																						
Date	Time	a.m.	to	a.m.																						
Date	Time	a.m.	to	a.m.																						
1, 2, or 3 small drawing dates	\$10																									
4 additional small drawing dates	\$4																									
Large drawing dates	1 \$50 50																									
<b>EST. TOTAL PRIZE AMOUNT \$ 50</b>																										
13 If you are conducting a raffle at a public place, you must first obtain a permit from the State of Michigan. If you are conducting a raffle at a private place, you must first obtain a permit from the State of Michigan. If you are conducting a raffle at a private place, you must first obtain a permit from the State of Michigan.																										
<b>RAFFLE</b> <table border="1"> <tr> <td>001</td> <td>001</td> </tr> <tr> <td>Ticket #</td> <td>Ticket #</td> </tr> <tr> <td>Name of Winner</td> <td>Name of Winner</td> </tr> <tr> <td>Address</td> <td>Address</td> </tr> <tr> <td>City</td> <td>City</td> </tr> <tr> <td>State</td> <td>State</td> </tr> <tr> <td>ZIP Code</td> <td>ZIP Code</td> </tr> <tr> <td>Phone Number</td> <td>Phone Number</td> </tr> </table>				001	001	Ticket #	Ticket #	Name of Winner	Name of Winner	Address	Address	City	City	State	State	ZIP Code	ZIP Code	Phone Number	Phone Number							
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City	City																									
State	State																									
ZIP Code	ZIP Code																									
Phone Number	Phone Number																									

TICKET INFORMATION

Make checks payable to: STATE OF MICHIGAN  
 Submit completed application, supporting documents, and license fee to:  
 Charitable Gaming Division, Box 30023, Lansing, MI 48906  
**OVERNIGHT DELIVERY** 101 N. State St., Lansing, MI 48933

大正十一年九月一日 横山町町民会

- RAFFLE
- Name of Licensee
- Ticket Number(s)
- Drawing Date Drawing Time
- Raffle Location
- Top Prize to be Awarded
- When Winning Numbers will be Publicly Posted
- Ticket Price(s)
- License Number  
(to be added after award)

10. **Approved Methods:** If you will be using electronic methods that have been approved through a Bureau decision, you must ensure the table conduct with the decision. (See also the table conduct in more single step)

11. **Second Approval:** If you intend to use an electronic method that has not been approved through a Bureau decision, you must submit a detailed description of the proposed table with the application. Please explain how the table will be used, including the proposed electronic method that will be used. There will be a period of 30 days for comments and review according to the rules. (NOTE: THE BUREAU DOES NOT APPROVE GAMES OF SKILL)

[illegible]

Date	Time	a.m.	10	a.m.
Date	Time	a.m.	11	a.m.
Date	Time	a.m.	12	a.m.
Date	Time	a.m.	13	a.m.
Date	Time	a.m.	14	a.m.
Date	Time	a.m.	15	a.m.
Date	Time	a.m.	16	a.m.
Date	Time	a.m.	17	a.m.
Date	Time	a.m.	18	a.m.
Date	Time	a.m.	19	a.m.
Date	Time	a.m.	20	a.m.
Date	Time	a.m.	21	a.m.
Date	Time	a.m.	22	a.m.
Date	Time	a.m.	23	a.m.
Date	Time	a.m.	24	a.m.

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017****Open to Public Inspection****A For the 2017 calendar year, or tax year beginning****, and ending****B** Check if applicable:☐ Address change☐ Name change☒ Initial return☐ Final return/terminated☐ Amended return☐ Application pending**C** Name of organization**MITTENS FOR DETROIT, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**P.O. BOX 448**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**CLAWSON****MI 48017-0448****F** Name and address of principal officer**DAVID AGIUS****D** Employer identification number**81-2286478****E** Telephone number**313-727-6336****G** Gross receipts**324,477****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No" attach a list (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.MITTENSFORDETROIT.ORG****H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **2016****M** State of legal domicile: **MI****Part I Summary****Activities & Governance****1** Briefly describe the organization's mission or most significant activities:**MITTENS FOR DETROIT COLLECTS, PURCHASES, AND DISTRIBUTES NEW, UNUSED MITTENS AND GLOVES TO CHILDREN AND ADULTS IN NEED IN DETROIT, MICHIGAN AND OTHER NEARBY UNDERSERVED CITIES.****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)**3 8****4** Number of independent voting members of the governing body (Part VI, line 1b)**4 8****5** Total number of individuals employed in calendar year 2017 (Part V, line 2a)**5 0****6** Total number of volunteers (estimate if necessary)**6 0****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a 0****b** Net unrelated business taxable income from Form 990-T, line 34**7b 0****Revenue****8** Contributions and grants (Part VIII, line 1h)**Prior Year Current Year**  
**8 224,000****9** Program service revenue (Part VIII, line 2g)**9 100,477****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**10 0****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**11 0****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**12 324,477****Expenses****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**13 0****14** Benefits paid to or for members (Part IX, column (A), line 4)**14 0****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**15 0****16a** Professional fundraising fees (Part IX, column (A), line 11e)**16a 0****b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **0****16b 0****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**17 322,943****18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**18 322,943****19** Revenue less expenses. Subtract line 18 from line 12**19 1,534****Net Assets or Fund Balances****20** Total assets (Part X, line 16)**Beginning of Current Year End of Year**  
**20 0 16,201****21** Total liabilities (Part X, line 26)**21 0 0****22** Net assets or fund balances. Subtract line 21 from line 20**22 0 16,201****Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer

Date

**WENDY SHEPHERD****SECRETARY**

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed PTIN**MICHAEL A. HUSBY, E.A.****P01210058**Firm's name ▶ **MORRIS, KALISH + WALGREN, P.C.**Firm's EIN ▶ **38-2182462**Firm's address ▶ **26877 NORTHWESTERN HWY STE 200**Phone no **248-352-6300****SOUTHFIELD, MI 48033-6281**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

DAA

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service  
Name of exempt organization

For calendar year 2017, or fiscal year beginning

2017, and ending

20

▶ Do not send to the IRS. Keep for your records.

▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**2017**

Employer identification number

**81-2286478**

Name and title of officer

**MITTENS FOR DETROIT, INC.****WENDY SHEPHERD  
SECRETARY****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <b>324,477</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **MORRIS, KALISH + WALGREN, P.C.** to enter my PIN **13595** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **08/13/18****Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN

**38700426877**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ **08/13/18****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)



Form **8868****Application for Automatic Extension of Time To File an Exempt Organization Return**

OMB No 1545-1709

(Rev. January 2017)

Department of the Treasury  
Internal Revenue Service▶ **File a separate application for each return.**▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time. Only submit original (no copies needed).**

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	<b>MITTENS FOR DETROIT, INC.</b>	<b>81-2286478</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	<b>1092 WOODWARD AVE. SUITE 34A</b>	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<b>DETROIT MI 48226</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**WENDY SHEPARD****1092 WOODWARD AVE., SUITE 34A****MI 48226**

- The books are in the care of ▶ **DETROIT**

Telephone No. ▶ **313-727-6336**

Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach

a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **11/15/18**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year **2017** or▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:**COLLECTION OF NEW UNUSED MITTENS TO BE DISTRIBUTED TO THOSE IN NEED IN THE DETROIT, MICHIGAN AND OTHER NEARBY UNDERSERVED CITIES.****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **322,943** including grants of \$ ) (Revenue \$ **320,577** )  
**MITTENS FOR DETROIT COLLECTS NEW, UNUSED MITTENS AND GLOVES FROM THE PUBLIC ANNUALLY. DISTRIBUTION OF THE PAIRS IS ACCOMPLISHED THROUGH A NETWORK OF PARTNER SCHOOLS, FOOD PANTRIES, MEDICAL FACILITIES, VETERANS GROUPS, AND OTHER ORGANIZATIONS THAT SERVE THOSE IN NEED.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **322,943**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		<b>X</b>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		<b>X</b>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		<b>X</b>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>8</b>	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>8</b>	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>	<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	<b>X</b>
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<b>12a</b>	<b>X</b>
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	<b>X</b>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	<b>X</b>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

**WENDY SHEPHERD**  
**CLAWSON**

**P.O. BOX 448**

**MI 48017-0448 313-727-6336**



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>DAVID DUEY</b>	5.00									
<b>BOARD MEMBER</b>	0.00	X						0	0	0
(2) <b>AMY GRIESHABER</b>	5.00									
<b>BOARD MEMBER</b>	0.00	X						0	0	0
(3) <b>JASON HEIEN</b>	5.00									
<b>BOARD MEMBER</b>	0.00	X						0	0	0
(4) <b>KEN HERSHENSON</b>	5.00									
<b>BOARD MEMBER</b>	0.00	X						0	0	0
(5) <b>NANCY KORTE</b>	5.00									
<b>BOARD MEMBER</b>	0.00	X						0	0	0
(6) <b>WENDY SHEPHERD</b>	25.00									
<b>SECRETARY</b>	0.00			X				57,680	0	0
(7) <b>DAVID AGIUS</b>	5.00									
<b>PRESIDENT</b>	0.00			X				0	0	0
(8) <b>KEITH KALISH</b>	5.00									
<b>TREASURER</b>	0.00			X				0	0	0
(9)										
(10)										
(11)										





**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	224,000			
	<b>g</b> Noncash contributions included in lines 1a-1f:	\$	224,000			
<b>h Total. Add lines 1a-1f</b>			<b>224,000</b>			
<b>Program Service Revenue</b>	<b>2a</b> DONATIONS	Busn. Code	61,149	61,149		
	<b>b</b> IN KIND DONATIONS		28,692	28,692		
	<b>c</b> FUNDRAISING		10,636	10,636		
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>		<b>100,477</b>			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)					
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d Net rental income or (loss)</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)					
	<b>d Net gain or (loss)</b>					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c Net income or (loss) from fundraising events</b>					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c Net income or (loss) from gaming activities</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c Net income or (loss) from sales of inventory</b>						
<b>Miscellaneous Revenue</b>			<b>Busn. Code</b>			
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total. Add lines 11a-11d</b>						
<b>12 Total revenue. See instructions.</b>		<b>324,477</b>	<b>100,477</b>	<b>0</b>	<b>0</b>	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	2,906	2,906		
<b>13</b> Office expenses	7,042	7,042		
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	31,707	31,707		
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	347	347		
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	1,167	1,167		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MITTEN PURCHASE	220,787	220,787		
<b>b</b> CONTRACT SERVICES	58,030	58,030		
<b>c</b> VOLUNTEER APPRECIATION	688	688		
<b>d</b> TELEPHONE	189	189		
<b>e</b> All other expenses	80	80		
<b>25</b> Total functional expenses. Add lines 1 through 24e	322,943	322,943	0	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year	(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	1	2,201
	<b>2</b> Savings and temporary cash investments	2	
	<b>3</b> Pledges and grants receivable, net	3	
	<b>4</b> Accounts receivable, net	4	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	6	
	<b>7</b> Notes and loans receivable, net	7	
	<b>8</b> Inventories for sale or use	8	14,000
	<b>9</b> Prepaid expenses and deferred charges	9	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	<b>b</b> Less: accumulated depreciation	10b	10c
	<b>11</b> Investments—publicly traded securities	11	
	<b>12</b> Investments—other securities. See Part IV, line 11	12	
	<b>13</b> Investments—program-related. See Part IV, line 11	13	
	<b>14</b> Intangible assets	14	
	<b>15</b> Other assets. See Part IV, line 11	15	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	0	16,201	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	17	
	<b>18</b> Grants payable	18	
	<b>19</b> Deferred revenue	19	
	<b>20</b> Tax-exempt bond liabilities	20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	21	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	24	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	0	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	<b>27</b> Unrestricted net assets	27	16,201
	<b>28</b> Temporarily restricted net assets	28	
	<b>29</b> Permanently restricted net assets	29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	<b>30</b> Capital stock or trust principal, or current funds	30	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund	31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	32	
	<b>33</b> <b>Total net assets or fund balances</b>	0	16,201
	<b>34</b> <b>Total liabilities and net assets/fund balances</b>	0	16,201

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	324,477
2	Total expenses (must equal Part IX, column (A), line 25)	2	322,943
3	Revenue less expenses. Subtract line 2 from line 1	3	1,534
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	14,667
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,201

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b		X
2c		
3a		
3b		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**Open to Public  
Inspection

Name of the organization

**MITTENS FOR DETROIT, INC.**

Employer identification number

**81-2286478****Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2017



**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11</b> <b>Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)						<b>12</b>
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b</b> <b>33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a</b> <b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b</b> <b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					224,000	224,000
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					100,477	100,477
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5					324,477	324,477
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support. (Subtract line 7c from line 6.)						324,477

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6					324,477	324,477
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)					324,477	324,477
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	100.00 %
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

**Part IV****Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

- |  | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.   |     |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)   |     |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   |     |    |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.  |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.   |     |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.  |     |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.   |     |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.  |     |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). |     |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .  |     |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  |     |    |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .  |     |    |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .  |     |    |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.   |     |    |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)   |     |    |



**Part IV Supporting Organizations (continued)**

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2 Activities Test. Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3).	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2017:			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

STENT COPY

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Noncash Contributions**

- Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
 ► Attach to Form 990.  
 ► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017****Open To Public  
Inspection**

Employer identification number

**81-2286478****MITTENS FOR DETROIT, INC.****Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	<b>X</b>		<b>224,000</b>	<b>FAIR MARKET VALUE</b>
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2017

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE M - SUPPLEMENTAL INFORMATION****32,000 PAIRS OF GLOVES WERE DONATED FOR DISTRIBUTION**

EXHIBIT COPY



**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**Open to Public  
Inspection

Employer identification number

81-2286478

MITTENS FOR DETROIT, INC.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
REVIEW PERFORMED BY THE PRESIDENT AND SECRETARY

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO PUBLIC UPON REQUEST

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

DONATED CAPITAL \$ 14,667

CLIENT COPY

2019-04-11

**812**

**812**    *Petition of Mittens for Detroit, request  
resolution from your Honorable Body  
a Charitable Gaming License.*

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REFERRED TO THE FOLLOWING DEPARTMENT(S)

CITY CLERK